



# **PROPOSED AMENDMENT OF UNITED NATIONS DRUG TREATIES**

**2014**



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**TO THE 1961 SINGLE CONVENTION ON NARCOTIC DRUGS,  
TO THE 1971 CONVENTION ON PSYCHOTROPIC SUBSTANCES, AND  
TO THE 1988 UNITED NATIONS CONVENTION AGAINST ILLICIT TRAFFIC IN  
NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES**

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## **LAW ENFORCEMENT AGAINST PROHIBITION**

# **PROPOSED AMENDMENT OF UNITED NATIONS TREATIES 2014**

### **Executive Summary**

The LEAP-proposed amendment to existing UN drug prohibition treaties would do the following:

- Revitalize national sovereignty in regard to the control of mind-altering substances in an environment of international cooperation with many voices.
- Consolidate the three existing (1961, 1971 and 1988) UN Drug Conventions into a single amended Convention to be called the “Single Convention on Drugs” much like what was done in 1961.
- Eliminate the criminalization-oriented drug policy paradigm and replace it with a health-, harm-reduction- and human rights-oriented policy.
- Expand the scope of controlled substances to include alcohol, tobacco and other mind-altering substances.
- Repeal the 1971 Convention on Psychotropic Substances.
- Repeal the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.
- Repeal Schedules I, II, III and IV of the 1961 Single Convention on Narcotic Drugs.
- Preserve the roles but re-task the work of the Commission on Narcotic Drugs (CND), the International Narcotics Control Board (INCB) and the United Nations Office On Drugs and Crime (UNODC) that would assist the Board in meeting its responsibilities pursuant to the Amended Convention.
- Encourage regulated markets and reduce the power of illicit drug markets.

- Reduce world incarceration rates, improve public health, safety and welfare while revitalizing personal freedom, encouraging tolerance of the consensual behavior of other adults and prioritizing human rights for all.
- Eliminate the practice whereby Parties annually estimate drug consumption and inventory, prepare accounts and reports of estimates of psychoactive drug stocks, special stocks, their production, manufacture, cultivation, import and export, drug needs for medical and scientific purpose and land area used to produce psychoactive drugs, and revamp the role of the International Control Organs regarding the review and modification of those estimates and accountings, leaving those decisions to individual sovereign nations.
- Pattern international drug policy after the WHO Framework Convention on Tobacco Control 2003. There are for two main reasons for this approach: (1) because of its implicit recognition of the critical need to vest drug control principally in the Parties on a national level yet in an environment of international cooperation, rather than adhering to a one-size-fits-all edict that stubbornly clings to the zero tolerance/criminalization model despite the failure of the war on drugs, and (2) because of the striking success seen with the reduction of tobacco consumption in legal, regulated markets as contrasted with the persistent failure of the criminalized, zero-tolerance approach.
- Make no comment regarding housekeeping Articles 40, 42 through 45, and 48 through 51, both inclusively, of the 1961 Single Convention on Narcotic Drugs.

**PROPOSED UNITED NATIONS TREATY AMENDMENT  
TO THE 1961 SINGLE CONVENTION ON NARCOTIC DRUGS,  
TO THE 1971 CONVENTION ON PSYCHOTROPIC SUBSTANCES, AND  
TO THE 1988 UNITED NATIONS CONVENTION AGAINST ILLICIT TRAFFIC IN  
NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES**

## **Preface**

### **SINGLE CONVENTION FOR ALCOHOL, TOBACCO AND OTHER MIND-ALTERING SUBSTANCES**

This comprehensive treaty amendment is proposed to displace much of the existing United Nations' drug-control treaties with a single amended and consolidated treaty that vests primary control and regulation of illicit drugs and abused licit drugs in the hands of individual sovereign nations and expands the scope of the regulation and control of mind-altering substances to include alcohol and tobacco. National control and regulation is proposed to take place within a cooperative yet voluntary international framework that allows experimentation with new drug policies and encourages harm-reduction strategies on a national and regional basis. This amendment aims to preserve but re-task the existing international drug control agencies (the Commission on Narcotic Drugs, to be called "**the Commission on Drugs**," the International Narcotic Control Board, to be called "**the International Drug Control Board**," and the UN Office on Drugs and Crime<sup>1</sup>) within the context of two UN principal organs, the General Assembly and the Economic and Social Council.

### **FAILED CRIMINALIZATION, SINGLE-VOICE POLICY**

Principal among the many reasons for proposing this amendment is the indisputable fact that the prohibition, criminalization,<sup>2</sup> top-down, one-size-fits-all drug

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<sup>1</sup> The UNODC, formed in 1997 by the merger of the United Nations Drug Control Programme and the Centre

<sup>2</sup> [http://www.unodc.org/pdf/convention\\_1961\\_en.pdf](http://www.unodc.org/pdf/convention_1961_en.pdf), Article 4 General Obligations of the Single Convention on Narcotic Drugs (1961) requires that "The parties *shall* take legislative and administrative measures as may be necessary: ... c) ... to limit exclusively to *medical and scientific purposes* the production, manufacture, export, import distribution of, trade in, use and possession of drugs[.]" and Article 36 Penal Provisions requires that "... each Party shall adopt such measures as will ensure that *cultivation, production, manufacture... possession... distribution, purchase, sale, delivery* on any terms whatsoever... transport, importation and exportation of drug contrary to the provisions of this Convention, shall be punishable offenses when committed intentionally, and that serious offenses shall be liable to adequate *punishment particularly by imprisonment or other penalties of deprivation of liberty.*" (*Emphasis supplied*) Therefore, these provisions of the Single Convention on Narcotic Drugs as amended by the 1972 Protocol prohibit all *recreational* drug cultivation... possession... sale, import and export. Such broad scale criminalization is unrealistic, unfair and counterproductive to global drug policy objectives. The enormity of the global illicit drug business, estimated by some experts at \$500 billion a year, evidences the failed, unrealistic and counterproductive nature of prohibition drug policy, and the exclusion of two of the most popular, dangerous

policy paradigm has failed for over fifty years. Powerful evidence of that failure is offered in the June 2011 Report of the Global Commission on Drug Policy<sup>3</sup> and the annual reports of the Secretariat to the Commission on Narcotic Drugs, 2013. For example, regarding the “World situation with regard to drug abuse” (E/CN.7/2013/2)<sup>4</sup> and “World situation with regard to drug trafficking” (E/CN.7/2013/4)<sup>5</sup>. But even more powerful evidence of drug war failure and futility are the mundane, day-to-day stories from every corner of the world. Those stories concern more drugs, cheaper drugs, new synthetic drugs, a surge of amphetamine use, the commonality of cannabis use, drug seizures by the ton, prosecutions by the gram, the criminalization and incarceration of millions of people, prohibition-drug overdose tragedies, the spread of AIDS by injecting drug users denied clean needles, the expanding abuse of prescription drugs, *ad infinitum*.

#### **PROHIBITION DRUG TREATIES CAUSE DRUG USE AND ABUSE**

Established UN drug policies have failed to control narcotic or psychotropic drugs, failed to protect or promote public health and safety, failed to reduce the harms associated with drug abuse, and overlooked alcohol and tobacco, two mind-altering substances in prevalent use that both have dramatic and dire worldwide health implications. The drug prohibition paradigm actually causes and facilitates what it was intended to prevent, existing drug laws made intuitively when good drug policy is often counterintuitive.

Outlawing drugs increases profits for suppliers, potency, availability and the danger of the product. We seize and remove drugs off the streets when such intuitive action ensures drug cartels retain exclusive control of drug stocks, sales and distribution, their illicit outlets protected by the efforts of law enforcement and drug war-related foreign aid (e.g. Plan Colombia and the Meridian Initiative).

#### **AL CAPONE-STYLE VIOLENCE, PERVERSIVE CORRUPTION AND MORAL DECAY**

Unfortunately, rather than accomplishing the well-intended, altruistic objectives embodied in UN drug treaties, the treaties have led to worldwide, Al Capone-style violence, killings, kidnappings, torture, corruption and moral decay. In many theaters of battle where the drug war is fought, the Golden Rule has been supplanted by a Code of Silence and a routine practice where an informant gives up another to save himself from the full consequence of his own drug law infractions, the newly arrested defendant then transformed into a police informant and cog in the self-priming drug-war machine. This morality stripping practice repeats itself over and over with nearly every drug arrest. In a misguided effort to address these problems of prohibition while supporting the policy that

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and unhealthy mind-altering substances, alcohol and tobacco, from substance control and regulation evidences the arbitrary and unfair nature of the 1961 Single Convention classification schedules.

<sup>3</sup> <http://www.opensocietyfoundations.org/sites/default/files/global-commission-report-english-20110624.pdf>, Global Commission on Narcotic Drugs (2011)

<sup>4</sup> <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/V12/579/72/PDF/V1257972.pdf?OpenElement>

<sup>5</sup> <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/V12/582/48/PDF/V1258248.pdf?OpenElement>

promotes them, the funding growth of UNODC over the past few years has been meteoric, making it reportedly the fastest growing program in the UN.<sup>6</sup>

#### **CENTRAL REASON FOR TREATY FAILURE: PROHIBITION PROFITS AND THE NATURE OF MAN**

The central reason for the problems and failure of UN drug policy is this: the prohibition model has largely failed to deprive persons engaged in illicit drug trafficking of the proceeds of their criminal activities as the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances intended. Therefore, it has failed to eliminate the main incentive<sup>7</sup> and economic engine that fuels the illicit drug business. The UN is not to blame; the signatory nations are not to blame; the policy is to blame. Drug policy cannot change the economic laws of supply and demand any more than it can change the nature of man, his affinity for mind-altering substances and susceptibility to addiction, or his aptitude and inclination to cultivate natural and manufacture synthetic mind-altering substances for prohibition-sized profits.

#### **THE UNSPOKEN ALLIANCE BETWEEN THE “GOOD GUYS” AND THE “BAD GUYS”**

The UN trilogy of drug prohibition treaties requires amendment because drug prohibition has undermined developing countries, institutionalized corruption, led to mass incarceration, discriminatory prosecution of poor and minority populations, and prosperous drug gangs, cartels and international organized crime. The irony of drug prohibition is that it aligns the economic interests of the “bad guys” and the “good guys,” both sides favoring drug-prohibition policy.

Law enforcement and the lawless stand shoulder-to-shoulder, both favoring drug prohibition. Inflated drug-prohibition prices facilitate drug trafficking, and drug trafficking success and wealth enrich law enforcement by operation of self-serving programs like asset seizure, confiscation and forfeiture; the “good guys” lawfully hijack the plunder of the “bad guys” while “policing for profit.” Prohibition is a boon to national, state and local government budgets that allocate huge and ever greater sums for more prisons, police, prosecutors, judges, and myriad other cogs in the drug war machine. This equation subverts the essential role of police officers who should be protecting citizens from violent crime and criminals, not from adult consensual behavior and not from themselves.

#### **THE UNSTOPPABLE MOVEMENT FOR DRUG POLICY REFORM**

<sup>6</sup> [http://www.antoniomariacosta.com/cc/index.php?option=com\\_content&view=article&id=384:unodcs-consolidated-budget-for-2010-2011-acabq-review&catid=37:unodc-speeches&Itemid=48](http://www.antoniomariacosta.com/cc/index.php?option=com_content&view=article&id=384:unodcs-consolidated-budget-for-2010-2011-acabq-review&catid=37:unodc-speeches&Itemid=48), UNODC’s Consolidated Budget for 2010-2011 ACABQ Review, Speech, par. 17

<sup>7</sup> [http://www.unodc.org/pdf/convention\\_1988\\_en.pdf](http://www.unodc.org/pdf/convention_1988_en.pdf), Treaty Preamble, page 1, par. 6

The need for fundamental drug policy change is obvious and reflected in growing world resistance to existing drug policies, scholarly analysis of drug treaty reform options,<sup>8</sup> earlier suggested treaty amendments,<sup>9</sup> and modern drug control developments. New drug policy development is more tolerant and resourceful, featuring change that often contravenes the spirit if not the express, prohibition edicts found in existing drug treaties.

### **COCA LEAF, COFFEE SHOPS, HATS, SIFS AND URUGUAYAN POT**

The following recent events and developments evidence this growing trend: Bolivia's denunciation and withdrawal from the 1961 Single Convention on Narcotic Drugs as amended in 1972 in 2012 and re-accession with a reservation for chewing coca leaf in 2013;<sup>10</sup> drug decriminalization for personal use in Portugal<sup>11</sup> and similar actions taken by South American countries<sup>12</sup> and the Czech Republic;<sup>13</sup> a successful heroin maintenance program in Switzerland<sup>14</sup> and other European countries;<sup>15</sup> cannabis coffee shops in the Netherlands and cannabis social clubs in Spain;<sup>16</sup> 92 safe injection facilities (SIF) in eight countries around the world;<sup>17</sup> medical marijuana approval in 20 states in the United States;<sup>18</sup> cannabis legalization in Uruguay<sup>19</sup> and Washington state and Colorado.<sup>20</sup>

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<sup>8</sup> "How to Regulate Cannabis a Practical Guide," Transform Drug Policy Foundation, <http://www.tdpf.org.uk/resources/publications/how-regulate-cannabis-practical-guide>, p. 214-23

<sup>9</sup> "Roadmaps to Reforming the UN Drug Conventions," The Beckley Foundation, <http://www.beckleyfoundation.org/Roadmaps-to-Reform.pdf>

<sup>10</sup> "Major victory for President Morales: UN accepts 'coca leaf chewing' in Bolivia" (1/14/13), <http://en.mercopress.com/2013/01/14/major-victory-for-president-morales-un-accepts-coca-leaf-chewing-in-bolivia>

<sup>11</sup> "Ten Years After Decriminalization, Drug Abuse Down by Half in Portugal" (7/5/11), <http://www.forbes.com/sites/erikkain/2011/07/05/ten-years-after-decriminalization-drug-abuse-down-by-half-in-portugal/>

<sup>12</sup> "The Drug Problems in the Americas," Organization of American States (2013), 9.3 Trends: Decriminalization, Depenalization and more, p. 89-91

<sup>13</sup> "The Global Initiative for Drug Policy Reform, Czech Republic, <http://reformdrugpolicy.com/beckley-main-content/new-approaches/future-directions-for-drug-policy-reform/czech-republic/>

<sup>14</sup> "Swiss support free heroin scheme for addicts" (12/1/2008), <http://www.telegraph.co.uk/news/worldnews/europe/switzerland/3537685/Swiss-support-free-heroin-scheme-for-addicts.html>

<sup>15</sup> "Why Doctors Are Giving Heroin to Heroin Addicts" (9/28/09), <http://content.time.com/time/health/article/0,8599,1926160,00.html>

<sup>16</sup> *Supra*, note 11, OAS, 9.5 Models of Legal Availability, p. 92

<sup>17</sup> "Supervised Injection Facilities," The Drug Policy Alliance, [http://www.drugpolicy.org/sites/default/files/DPA\\_Fact%20Sheet\\_Supervised%20Injection%20Facilities.pdf](http://www.drugpolicy.org/sites/default/files/DPA_Fact%20Sheet_Supervised%20Injection%20Facilities.pdf)

<sup>18</sup> "20 Legal Medical Marijuana States and DC" (9/16/13), <http://medicalmarijuana.procon.org/view.resource.php?resourceID=000881>, ProCon.org

<sup>19</sup> "Uruguay becomes first country to legalize marijuana trade" (12/10/13), <http://www.reuters.com/article/2013/12/11/us-uruguay-marijuana-vote-idUSBRE9BA01520131211>, "Uruguay on verge of legalizing marijuana production" (10/24/13), <http://www.delcotimes.com/general-news/20131024/uruguay-on-verge-of-legalizing-marijuana-production>

<sup>20</sup> "Experts: Maine, Michigan votes another 'green light' for marijuana legalization" (November 9, 2013), <http://www.cnn.com/2013/11/09/us/marijuana-public-opinion/>

## **ORGANIZATIONS SUPPORTING MARIJUANA REFORM**

Organizations supporting marijuana legalization reform in Colorado, Washington and worldwide were many but included, to name a few, Law Enforcement Against Prohibition (LEAP), the Drug Policy Alliance (DPA), Criminal Justice Policy Foundation (CJPF), Students for Sensible Drug Policy (SSDP), Marijuana Policy Project (MPP) and National Organization for the Reform of Marijuana Laws (NORML). The strong winds of drug policy reform are further evident from the sentiments of world leaders expressed at recent meetings of the Organization of American States (OAS)<sup>21</sup> and the Summit of Americas,<sup>22</sup> and Mexico's call for a special session of the UN General Assembly (2016 UNGASS) regarding drug policy.<sup>23</sup> These developments foreshadow a renaissance for human rights, liberty, public health and safety, the virtue of tolerance, law and order, and recognition by the world community that it is time for change, time for a new drug policy for the world.

## **STATE SOVEREIGNTY: LOCAL PROBLEMS AND LOCAL SOLUTIONS**

Another reason for this treaty amendment is the need to restore national sovereignty, free of fear from reprimand for deviating from the "unified-voice" mantra that serves to protect the unsatisfactory status quo, stifle thought, squelch open debate and obstruct the free exchange of ideas. The UN dictate that demands countries speak with a unified voice rather than allowing for regional differences discourages nations from adopting, developing and experimenting with alternative drug policy choices that are better suited to their own unique local problems, needs, culture, beliefs, laws, addictions and patterns of substance abuse and use.

## **HUMAN RIGHTS TRAMPLED BY BAD DRUG POLICY**

Perhaps, rather than last among the many reasons for treaty amendment, this last reason should be first. Human, civil and constitutional rights have all taken a beating during the so-called "war on drugs," a war that has evolved over decades into a war on people, their families and friends, their life, liberty, values, property and freedom. These violations have led to the formation of organizations like Families Against Mandatory Minimums (FAMM) and Americans For Forfeiture Reform.<sup>24</sup>

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<sup>21</sup> "OAS Meeting In Guatemala Ends With No Change In Drug Policy" (June 8, 2013), <http://latino.foxnews.com/latino/news/2013/06/08/oas-meeting-in-guatemala-ends-with-no-change-in-drug-policy/>

<sup>22</sup> "Drug Legalization in Latin America: Could it be the Answer?" (10/16/12), <http://www.coha.org/drug-legalization-in-latin-america-could-it-be-the-answer/>

<sup>23</sup> "Latin American leaders bring drug policy debate to the United Nations" (9/30/13), <http://www.undrugcontrol.info/en/weblog/item/4998-latin-american-leaders-bring-drug-policy-debate-to-the-united-nations>

<sup>24</sup> <http://famm.org/> and <http://www.forfeiturereform.com/>

Every corner of the world is witness to the trampling of human and civil rights at the hand of world drug policy. From the USA's drug-war-acquired mantle as "Prison Capital of the World" with the highest rate of incarceration and greatest number of inmates with lost freedom anywhere, to mass murder and kidnappings in Mexico, to China's opium victimization, the Opium Wars, The 1912 Hague International Opium Convention, and now alleged opium "drug detention camps" criticized by Human Rights Watch,<sup>25</sup> intolerance and human abuse is the indisputable consequence of current world drug policy with untold, inevitable and unending human suffering and death.

#### **A NEWER, BETTER AND KINDER DRUG POLICY PARADIGM**

This comprehensive treaty amendment seeks to displace the prohibition drug policy paradigm with a new model based upon regulated markets, innovative programs, international cooperation and voluntary national regulation and control of mind-altering substances commensurate with the relative danger, or lack thereof, posed by each drug or substance. This proposed course of action would better control drug use and abuse, improve public health and safety, undermine the profit motive that drives the illicit drug industry, free some nonviolent offenders, reunite families, save lives, prevent disease, rejuvenate respect for judicial systems and government, redirect the resources of law enforcement, save money, and broadly restore freedom, liberty, tolerance, fairness and human rights.

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<sup>25</sup> China, "Where Darkness Knows No Limits: Incarceration, Ill-Treatment, and Forced Labor as Drug Rehabilitation in China," Human Rights Watch (2010), <http://www.hrw.org/reports/2010/01/07/where-darkness-knows-no-limits-0>

## **Amendment**

**We, the undersigned Nation States and Party Signatories** to the international drug-control conventions herein-named, pursuant to Article 47 of the 1961 Single Convention on Narcotic Drugs as amended by the 1972 Protocol (hereinafter “the 1961 Single Convention”), Article 30 of the 1971 Convention on Psychotropic Substances, and Article 31 of the 1988 United Nations Convention Against Illicit Traffic In Narcotic Drugs and Psychotropic Substances, **propose** the amendment of said Conventions as follows:

1. The repeal of 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention Against Illicit Traffic In Narcotic Drugs and Psychotropic Substances in total; *and*
2. The repeal of Table I and Table II of the 1971 Convention on Psychotropic Substances; *and*
3. The repeal of Schedules I, II, III and IV of the 1961 Single Convention; *and*
4. The renaming of the 1961 Single Convention on Narcotic Drugs to be called “The Single Convention on Drugs” and
5. The restatement of the Preamble of the Single Convention on Drugs to state as follows:

# **The Single Convention On Drugs**

## **Preamble**

*The Parties,*

*Concerned with the health and welfare of mankind,<sup>26</sup>*

*Noting with concern the public health and social problems resulting from the abuse of narcotic and psychotropic substances, licit and illicit,<sup>27</sup>*

*Recognizing that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,<sup>28</sup>*

*Recognizing further that the medical use of cannabis can be an indispensable alternative treatment for the relief of pain and suffering and therapeutic treatment for myriad other illnesses, such use often decreasing patient dependence on the use of more dangerous and addicting narcotic drugs,<sup>29</sup>*

*Recognizing that the use of psychotropic substances for medical and scientific purposes is indispensable and that their availability for such purposes should not be unduly restricted,<sup>30</sup>*

*Recognizing that addiction to narcotic, psychotropic and other mind-altering psychoactive substances like nicotine and alcohol, among others, can constitute a serious health issue for the individual,<sup>31</sup>*

*Acknowledging the competence, experience and diligent efforts of the United Nations in the field of control of narcotic and psychotropic substances but also recognizing the historic failure of the international criminalization and prohibition framework to drug control,<sup>32</sup>*

*Deeply concerned by the magnitude of and rising trend in the illicit production, demand for and traffic in narcotic drugs and psychotropic substances, which pose a serious threat*

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<sup>26</sup> 1961 Single Convention, preamble, par. 1, unmodified

<sup>27</sup> 1988 Convention, preamble, par. 2, modified

<sup>28</sup> 1961 single Convention, par. 2, unmodified

<sup>29</sup> New

<sup>30</sup> 1971 Convention, preamble, par. 5, unmodified

<sup>31</sup> 1961 Convention, preamble, par. 3, modified

<sup>32</sup> 1961 Convention, preamble, par. 7, 1971 Convention, preamble, par. 7, and 1988 Convention, preamble, par. 11, all modified

to the health and welfare of human beings and adversely affect the economic, cultural and political foundations of society,<sup>33</sup>

*Aware* that illicit, prohibition-driven and uncontrolled narcotic and psychotropic drug traffic generates huge financial profits and wealth, enabling transnational criminal organizations to penetrate, contaminate and corrupt the structures of government, legitimate commercial and financial business, and society at all its levels,<sup>34</sup>

*Determined* to deprive persons engaged in transnational and intra-national illicit drug traffic of the proceeds of their criminal activities and thereby eliminate their main incentive for so doing,<sup>35</sup>

*Recognizing* that new measures and a new international framework are necessary to effectively control and regulate the inevitable and foreseeable use, misuse and abuse of, mind-altering substances like alcohol, tobacco, narcotic and psychotropic drugs intended for medical, scientific and *recreational* purposes,<sup>36</sup>

*Mindful* that no United Nations treaty regulates or controls alcohol or tobacco despite the commonality of use of these substances and the fact that “Alcohol has recently been identified as one of the world’s top ten health risks, accounting for about the same amount of global disease as tobacco.... [and] the fact that Global alcohol consumption has increased in recent decades, with most or all of the increase occurring in developing countries,”<sup>37</sup>

*Concerned* that “Alcohol-related death and disability account for even greater costs to life and longevity than those caused by tobacco use, according to the global burden of disease study sponsored by the World Health Organization (WHO) and the World Bank,” and aware that “net deaths from alcohol totaled more than three-quarters of a million in 1990,”<sup>38</sup>

*Impressed* by the realistic approach, regulatory scope, dominant national assignment of responsibility, and spirit of international cooperation reflected in the WHO Framework Convention on Tobacco Control (FCTC), 2003, and Protocol to Eliminate Illicit Trade in Tobacco Products, 2013,

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<sup>33</sup> 1988 Convention, preamble, par. 1, unmodified

<sup>34</sup> 1988 Convention, preamble, par. 5, modified

<sup>35</sup> 1988 Convention, preamble, par. 5, modified

<sup>36</sup> New

<sup>37</sup> Jim Grieshaber-Otto, Noel Schacter and Scott Sinclair, “Dangerous Cocktail: International trade treaties, alcohol policy, and public health,” Report prepared for the WHO, July 2006  
[http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CDAQFjAB&url=http%3A%2F%2Fforut.custompublish.com%2Fgetfile.php%2F472373.994.dtwpfwsurp%2FDangerous%2BCoctail%2BExecutive%2BSummary.doc&ei=eT6XUpOyAqaW2gW1vYCoAg&usg=AFQjCNEzIv6T6\\_T1CXle\\_3h3UOX3vQxgVQ&sig2=1QmOFWYngcf50YgzFYfEUQ&bvm=bv.57155469,d.b2I](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0CDAQFjAB&url=http%3A%2F%2Fforut.custompublish.com%2Fgetfile.php%2F472373.994.dtwpfwsurp%2FDangerous%2BCoctail%2BExecutive%2BSummary.doc&ei=eT6XUpOyAqaW2gW1vYCoAg&usg=AFQjCNEzIv6T6_T1CXle_3h3UOX3vQxgVQ&sig2=1QmOFWYngcf50YgzFYfEUQ&bvm=bv.57155469,d.b2I)

<sup>38</sup> Global Status Report on Alcohol, World Health Organization, 1999, Introduction,  
[http://www.who.int/substance\\_abuse/publications/en/GlobalAlcohol\\_overview.pdf](http://www.who.int/substance_abuse/publications/en/GlobalAlcohol_overview.pdf)

*Recognizing* that the WHO Framework Convention on Tobacco Control is a landmark for the future of global public health and has major implications for world health goals,

*Believing* a “global health-based approach to alcohol control outside the trade treaty realm, modeled on the Framework Convention on Tobacco Control, which came into force in 2005, is likely to prove more effective,” and that “A Framework Convention on Alcohol Control would provide an important means for governments and citizens around the world to avoid trade treaty interference in the vital task of reducing the global harm caused by alcohol,”<sup>39</sup>

*Believing* that effective drug and substance control measures require realistic expectation, patience and understanding, a level of governmental tolerance for drug and substance use, misuse and abuse, fair substance classification and reasonable regulation of the production, cultivation, distribution, marketing, sale and consumption of mind-altering substances, including alcohol, tobacco, narcotic and psychotropic drugs without criminalization,<sup>40</sup>

*Convinced* that consolidating and expanding the scope of international drug treaties concerning mind-altering substances so as to include alcohol, tobacco, psychotropic and narcotic drugs within a single, comprehensive framework of control and regulation will provide a more powerful, fair and effective means to minimize the grave consequences that may result from the consumption of any of these substances,<sup>41</sup>

*Discovering* that harsh and extreme drug regulation represented by zero tolerance and harsh criminalization is as counterproductive to the control of drug abuse as the other extreme represented by no control or total deregulation of all substances as if all drugs and substances posed identical risks of bodily harm, addiction and popularity,<sup>42</sup>

*Nevertheless believing* that effective measures aimed at dissuading the use and abuse of alcohol, tobacco, narcotic, psychotropic and other mind-altering drugs and substances require international cooperation within a framework that permits sovereign nations to experiment with new drug policy models based upon sound economic principles and good health strategies, including, but not limited to, regulated drug markets, drug maintenance programs, treatment on demand protocols, clean needles and other harm-reduction efforts,<sup>43</sup>

*Recognizing* the need to amend and recast the measures provided in the Single Convention of Narcotic Drugs, 1961, as amended, the 1971 Convention on Psychotropic Substances, and the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic

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<sup>39</sup> Ibid., at p. 8

<sup>40</sup> 1971 Convention, preamble, par. 6, modified

<sup>41</sup> Excerpt, Annex 1: Decision FCTC/COP5(1) – Protocol to Eliminate Illicit Trade in Tobacco Products, modified

<sup>42</sup> New

<sup>43</sup> 1988 Convention, preamble, par. 10 and 11, modified

Substances, in order to counter the magnitude and extent of illicit traffic and its grave consequences,<sup>44</sup>

*Understanding* that such universal action calls for international co-operation guided by the same principles and aimed at common objectives,<sup>45</sup>

*Accepting* that the elimination of the root causes of the problem of abuse of narcotic, psychotropic, and other psychoactive substances, illicit and licit, and the problem of drug demand is not an attainable objective of drug policy,<sup>46</sup>

*Mindful* that The Universal Declaration of Human Rights<sup>47</sup> sets out the rights and freedoms of all human beings that are not infrequently abused by governments acting in furtherance of the existing drug treaty mandate pursuant to Article 4, General Obligations, providing that “The parties shall take such legislative and administrative measures as may be necessary: a) To give effect to and carry out the provisions of this Convention within their own territories; ...” (1961 Single Convention, Article 4),

*Recognizing* that some of the Declaration of Human Rights placed in jeopardy by “drug war” enactments are the following: “the right to life, liberty and security of person” (Art. 3); the right not to be “subjected to torture or to cruel, inhuman or degrading treatment or punishment” (Art. 5); the entitlement “to equal protection of the law” “without any discrimination” (Art. 7); the right not to be “subjected to arbitrary arrest [and] detention...” (Art. 9); the right not to be “subjected to arbitrary interference with his privacy, family [and] home...” (Art. 12); the right not to be “arbitrarily deprived of his property” (Art. 17); and “In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others.” (Art. 29, par. 2),

*Desiring* to conclude a generally acceptable single, international convention, expanding the scope of controlled substances to include alcohol and tobacco, amending and superseding existing treaties concerning narcotic drugs, psychotropic substances and illicit traffic in all these psychoactive substances, and addressing the problem of abused, licit, mind-altering substances, and providing for continuous international co-operation and shared control for the achievement of such aims and objectives,<sup>48</sup>

*Hereby agree* that the 1961 Single Convention on Narcotic Drugs, hereafter called the “2016 Single Convention on Drugs,” be amended as follows:

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<sup>44</sup> 1988 Convention, preamble, par. 13, modified

<sup>45</sup> 1961 Convention, preamble, par. 8, modified

<sup>46</sup> 1988 Convention, preamble, par. 7, modified

<sup>47</sup> <http://www.un.org/en/documents/udhr/index.shtml>

<sup>48</sup> 1961 Convention, preamble, par. 8, modified

## **STATEMENT OF NEW ARTICLES AND DISPOSITION/AMENDMENT OF FORMER ARTICLES**

### **Part I - Introduction**

#### ***Article 1*** ***DEFINITIONS***

*[No change in definitions of Article 1 of 1961 Single Convention on Narcotic Drugs, except as noted below; unchanged are the definitions of these terms: "Cannabis," "Coca bush," "Coca leaf," "Council," "General Assembly," "Opium" and "Secretary-General".]*

1. Except where otherwise expressly indicated or where the context otherwise requires, the following definitions shall apply:
  - A. "Alcohol" means the product of distillation of any fermented liquid, whether rectified or diluted, whatever may be the origin thereof, and includes synthetic ethyl alcohol. *[New]*
  - B. "Alcoholic liquor" means alcohol, spirits, wine and beer, and every liquid or solid, patented or not, containing alcohol, spirits, wine or beer, and capable of being consumed as a beverage by a human being. Alcoholic liquor does not include denatured alcohol or any liquid or solid containing one-half of one per cent, or less, of alcohol by volume. *[New]*
  - C. "Board" means the International Drug Control Board.
  - D. "Cannabis" means the flowering or fruiting tops of the cannabis plant (excluding the seeds and leaves when not accompanied by the tops) from which the resin has not been extracted, by whatever name they may be designated.
  - E. "Cannabis plant" and "Cannabis resin"  
*[The former definitions of "Cannabis plant" and "Cannabis resin" repealed]*
  - F. "Coca bush" means the plant of any species of the genus *Erythroxylon*.
  - G. "Coca leaf" means the leaf of the coca bush except a leaf from which all ecgonine, cocaine and any other ecgonine alkaloids have been removed.
  - H. "Commission" means the Commission on Drugs of the Economic and Social Council.
  - I. "Consumed" and "Consumption"  
*[The former definition of "Consumed" and "Consumption" as used in par. 2 of the former Article 1 repealed]*
  - J. "Council" means the Economic and Social Council of the United Nations.
  - K. "Cultivation"  
*[The former definition of "Cultivation" repealed]*
  - L. "Drug" means any alcoholic liquor, tobacco or other mind-altering substance.  
*[The former definition of "drug" and its reference to Schedules I and II repealed]*
  - M. "Drug advertising and promotion" means any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a drug product or drug use either directly or indirectly. *[New]*

- N. "Drug control" means a range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of drug products and exposure to drug precursors and drug-lab environments. [New]
- O. "Drug industry" means drug cultivators, manufacturers, wholesale distributors, and importers of drug products and precursor substances. [New]
- P. "Drug sponsorship" means any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a drug product or drug use either directly or indirectly; [New]
- Q. "General Assembly" means the General Assembly of the United Nations.
- R. "Illicit trade" means any practice or conduct prohibited by law and which relates to production, shipment, receipt, possession, distribution, sale or purchase including any practice or conduct intended to facilitate such activity. [New]
 

*[The former definition of "illicit traffic" repealed]*
- S. "Import" and "Export"
 

*[The former definitions of "Import" and "Export" repealed]*
- T. "Manufacture"
 

*[The former definition of "manufacture" repealed]*
- U. "Marijuana" means cannabis. [New]
- V. "Medicinal opium"
 

*[The former definition of "Medicinal opium" repealed]*
- W. "Mind-altering substance" means a psychoactive chemical substance that crosses the blood-brain barrier and acts primarily upon the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior. These substances may be used for medicinal, therapeutic, spiritual or recreational purposes, and as a tool for studying or augmenting the mind, or to purposefully alter one's consciousness. [New]
- X. "Opium" means the coagulated juice of the opium poppy.
- Y. "Opium poppy" and "Opium straw"
 

*[The former definitions of "Opium poppy" and "Opium straw" repealed]*
- Z. "Preparation"
 

*[The former definition of "Preparation" repealed]*
- AA. "Production"
 

*[The former definition of "Production" repealed]*
- BB. "Schedules I, II, III, IV"
 

*[The former definition of "Schedules I, II, III, IV" and the schedules repealed]*
- CC. "Secretary-General" means the Secretary-General of the United Nations.
- DD. "Special stocks"
 

*[The former definition of "Special stocks" repealed]*
- EE. "Stocks"
 

*[The former definition of "stocks" repealed]*
- FF. "Territory"
 

*[The former definition of "Territory" repealed]*

GG. "Tobacco products" means products entirely or partly made of the leaf tobacco as raw material, which are manufactured to be used for smoking, sucking, chewing or snuffing. [New]

## ***Article 2***

### ***THE INTERNATIONAL CONTROL ORGANS AND THEIR EXPENSES***

*[The first paragraph of this article is former Article 5, The International Control Organs, rewritten, and the second paragraph is the former Article 6, Expenses of the International Control Organs.]*

1. The **Commission on Drugs** of the Economic and Social Council and the **International Drug Control Board** shall perform the functions respectfully assigned to them under this Convention.
2. The expenses of the Commission and the Board will be borne by the United Nations in such manner as shall be decided by the General Assembly. The Parties, which are not Members of the United Nations, shall contribute to these expenses such amounts as the General Assembly finds equitable and assess from time to time after consultation with the Governments of these Parties.

## ***Article 3***

### ***FUNCTIONS OF THE COMMISSION ON DRUGS***

*[This is former Article 8, Functions of the Commission, modified.]*

1. The Commission is authorized to consider all matters pertaining to the aims of the Convention, and in particular:
  - A. To make drug policy consistent with the framework established by this Convention and directives of the Council and the General Assembly;
    - 1) To annually review, approve, disapprove, modify as deemed necessary, and publish, the Board's collected statistical data, and ranking of the world's most dangerous drugs by specific drug type and common street name (e.g. tobacco, alcohol, heroin, cocaine, amphetamines, methamphetamine, ecstasy, marijuana, etc.), although the scientific chemical name may follow the common street name in parentheses, the rankings categorized by nation, continent and regions, in three formats:
    - 2) First and foremost, by considering only the lethality of each particular drug in actual aggregate numbers;
    - 3) Secondly, by considering only the commonality of drug use for each of those same drugs; and

- 4) Thirdly, by taking into account the following three factors: (1) the likely of physical harm to the user, (2) the addictive potential of the drug, and (3) the change in the prevalence of the drug's use over the previous year.
  - a) To annually report to the Parties which national and regional drug policies and programs have best advanced the aims and objectives of this Convention over the prior year and recommend new policies and programs that may best accomplished those aims and objectives prospectively.
  - b) To annually recommend changes to the Convention for consideration of the Parties.

***Article 4***  
***COMPOSITION OF THE INTERNATIONAL DRUG CONTROL BOARD***

*[This is former Article 9, Composition and Functions of the Board, modified.]*

- 1. The Board shall consist of thirteen members to be elected by the Council as follows:
  - A. Three members with medical, pharmacological or pharmaceutical experience from a list of at least five persons nominated by the World Health Organization;
  - B. Two members with economics experience; *[Formerly under Article 9 no member needed economics background.]*
  - C. One member with law enforcement experience; *[Formerly under Article 9 no member needed law enforcement background.]* and
  - D. Seven members from a list of persons nominated by Parties to this Convention. *[The former Article 9 provided for ten members nominated by the Parties but none needed economics or law enforcement experience.]*
- 2. Members of the Board shall be persons who, by their competence, impartiality and disinterestedness in past United Nations employment or contractual service, will command general confidence and have no vested interest in defending or praising past UN drug treaty efforts. During their term of office they shall not hold any position or engage in any activity, which would be liable to impair their impartiality in the exercise of their functions. The Council shall, in consultation with the Board, make all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions.
- 3. The Council, with due regard to the principle of equitable geographic representation, shall also give consideration to the importance of including on the Board, persons possessing a knowledge of harm-reduction practices and policies and knowledge of the drug situation in the producing, manufacturing, transit and consuming countries. *[The 1961 Single Convention on Narcotic Drugs did not require harm-reduction knowledge.]*

**Article 5**  
**TERMS OF OFFICE AND REMUNERATION OF MEMBERS OF THE BOARD**

*[This is former Article 10, Composition and Functions of the Board, modified.]*

1. The members of the Board shall serve for a period of three years, five to be appointed the first year after the effective date of this Amendment, and four to be appointed each of the next two years with the cycle repeating. Board members may not be re-elected. *[Formerly under Article 10 a member was appointed for a five-year term and could be re-elected.]*
2. The term of office of each member of the Board shall end on the eve of the first meeting of the Board, which his successor shall be entitled to attend.
3. A member of the Board who has failed to attend two consecutive sessions shall be deemed to have resigned. *[Formerly under Article 10 a member who missed three consecutive meetings was deemed to have resigned. The Transition Schedule of this Convention should require that sitting Board members draw straws, or like fair process, to determine which Board members will vacate their seats early to make room for newly appointed Board members.]*
4. The Council, on the recommendation of the Board, may dismiss a member of the Board who has ceased to fulfill the conditions required for membership by paragraph 2 of Article 4 hereof. Such recommendation shall be made by an affirmative vote of nine members of the Board.
5. Where a vacancy occurs on the Board during the term of office of a member, the Council shall fill such vacancy as soon as possible and in accordance with the applicable provisions of Article 4, by electing another member for the remainder of the term.
6. The members of the Board shall receive an adequate remuneration as determined by the General Assembly.

**Article 6**  
**RULES OF PROCEDURE OF THE BOARD**

*[This is former Article 11, Rules of Procedure of the Board, no substantive change.]*

1. The Board shall elect its own President and such other officers as it may consider necessary and shall adopt its rules of procedure.
2. The Board shall meet as often as, in its opinion, may be necessary for the proper discharge of its functions, but shall hold at least two sessions in each calendar year.

3. The quorum necessary to conduct business at meetings of the Board shall consist of eight members.

**Article 7**  
**FUNCTIONS OF THE INTERNATIONAL DRUG CONTROL BOARD**

*[The former Article 19 required the Parties to annually submit estimates to the Board of the quantity of drugs required for medical and scientific purposes, the Convention prohibiting any recreational, religious or nonmedical/nonscientific research use of narcotic drugs as repeatedly noted in multiple articles of the Convention; Article 33 forbade, generally, a Party from permitting its nationals to even possess drugs; Article 20 required the parties to furnish the Board with statistical returns regarding drug production, consumption, imports and exports, seizures of drugs, stocks of drugs, inter alia; Articles 21, 21 bis and 24 limited drug manufacture and importation, limited opium production and opium trade, and Article 25 imposed restrictions on opium straw; Articles 26 and 27 aimed to control coca leaves and coca bush, and Article 28 cannabis; Articles 19 and 31 imposed import and export restrictions, and Articles 23, 30 and 34 imposed licensing, labelling and record-keeping restrictions. Unfortunately, these drug control efforts produced adverse results as recited in the Preface to this Amendment – more drugs, more trafficking and more drug use. Therefore, the foregoing articles concerning drug estimates and reporting systems, drug needs, plants and hectare-planting land areas, plant seizure and destruction, licensing schemes and import and export certificates are repealed by this proposed Amendment. Also repealed are Articles 12-15, 17-21, 21 bis, 23-31 and 34, as are the failed enforcement mechanisms found in Articles 14, 14 bis, 22, the mandate to create national opium agencies in Article 23, the First-Aid Kits drug exception for ships and aircraft found in Article 32, the sweeping possession prohibition found in Article 33, the mandates that Parties “shall” to take action found in Article 35 and 38, the penalties and “deprivation of liberty” provisions found in Article 36, the enhanced penalties invited by Article 39, and the seizure and confiscation of drugs and equipment found in Article 37.]*

1. The International Drug Control Board shall endeavor to further the aims and objectives of this Convention.
2. In cooperation and consultation with the World Health Organization and other competent authorities from multiple academic disciplines, the Board shall comprehensively study and review the nature, classification (uppers, downers, hallucinogens, natural, synthetic, etc.), harms and benefits, risks and usefulness of drugs falling within the scope of this Convention and those drugs heretofore scheduled in the 1961 Single Convention on Narcotic Drugs. Following that study and review, the Board shall draft a new, **factual, fair and reliable drug compendium** that incorporates its review, classifications and findings, referring to each drug by its generic common name and, parenthetically, its chemical name. The compendium and the Board’s recommendation of approval shall be transmitted to the Commission timely for annual approval, or modification and approval, at its annual Vienna Session, whereupon it shall

be published and made available to the Parties, the Commission, the Council and the general public.

3. In order that the Parties and the world community better know and appreciate which drugs are causing the most harm to society and mankind from different perspectives, annually, the Board shall collect, study and analyze relevant statistical data and information received from the Parties, and other reliable sources, and rank **the world's most dangerous drugs** by generic common street name (e.g. tobacco, alcohol, heroin, cocaine, amphetamines, methamphetamine, ecstasy, marijuana, etc.) and, parenthetically, chemical name, using the criteria and formats set forth in Article 3 hereof. The results shall be published and made available to the Parties, the Commission, the Council and the general public.
4. In order to have evidenced-based statistical data and information regarding alternative drug policies and practices and the effect of those policies on the aims and objectives of this Convention, the Board shall annually collect, analyze and report to the Commission and the Parties information received from the Parties and other reliable sources regarding **harm-reduction policies and practices**, by nation, region and worldwide, including the cost and nature of the treatment or policy, and the percent of that cost paid by government, by private health insurance and by other sources, including but not limited to:
  - A. The number of **Needle-Exchange Programs (NEPs)** operating, the number of clean needles distributed and exchanged, the number of patients treated and the impact of NEPs on patient health, including HIV, AIDS and Hepatitis B and C infections;
  - B. The number of **Heroin Assisted Treatment (HAT)** programs operating, the number of patients treated and the impact of those programs on heroin use and morbidity figures and rates.
  - C. The number of **Safe Injection Facilities (SIF)** operating and the number of patients treated.
  - D. The number of **methadone facilities** and the number of methadone patients treated.
  - E. The **availability of Naloxone** to drug users, at what cost per dose, and whether by prescription or over-the-counter.
  - F. The number of **persons released from prison** based upon drug legalization, reformed drug-sentencing laws, commuted drug sentences, drug diversion programs and judicial decisions that find that drug crimes or imprisonment for drug crimes is unconstitutional, unlawful or a violation of privacy or other individual rights.
  - G. The number of **people in prison for nonviolent drug possession, use and sale**, separately compiled and reported.
  - H. The availability of **drug treatment on demand** and waiting periods.
  - I. The number of **persons receiving drug treatment** and for what drug or drugs along with the percentage of that number ordered to treatment by government authorities and the percentage of that number who voluntarily requested drug treatment.

5. In order to have evidenced-based statistical data regarding drugs and a regular measure of the success, progress and setbacks with the aims and objectives of this Convention, the Board shall annually collect, analyze, report and opine concerning information and data received from the Parties and other reliable sources, categorized by nation, region and worldwide, and relevant to the topics listed below. The annual report of the Board shall be directed to the Parties, the Commission and the Council, and made available to the public. The topics are as follows:
  - A. **Drug availability, drug prices, purity, type, adulteration, trends, laws and regulations, legal and illegal drug markets**, and the economic impact on international criminal organizations and public health with the opening of legal, controlled and regulated drug markets;
  - B. The number of **drug deaths, incidents of emergency room admissions regarding drug overdose, incidents of drug-implicated accidents**;
  - C. Information regarding **large seizures of drugs** categorized by type, weight, purity along with information regarding regulated markets and laws impacting the seized drugs *vis-à-vis* the location of the seizure and the intended destination of the drugs seized.
  - D. The **prevalence of drug use**, classified by type of drug, using common street name (followed by scientific name).
  - E. The number of **people involuntarily confined in drug treatment camps, prisons and other locked facilities**.
  - F. Laws and regulations, and changes in laws and regulations, regarding **criminal penalties for drug possession, use and sale**.
  - G. The number of **persons incarcerated worldwide** and the impact of drug laws, policy and reforms on that data.
  - H. The type and quantity of **drugs seized outside the bounds of legal drug markets** and **extent of utilization** of those seized and confiscated drugs in drug treatment settings or resold through legal, regulated markets, and what quantities of seized drugs were destroyed in comparison.
  - I. The number of **drug criminal histories expunged or sealed**, and changes in laws and regulations regarding the restoration of criminal records of persons charged or convicted of drug crimes.
  - J. The **racial impact of drug policy reforms** in prison populations, voting rights and employment opportunities.
  - K. The number of **families with minor children** and a parent convicted of a drug crime that were **restored** by early prison release programs, enactment and implementation of drug policy reform laws and prison sentencing reform laws concerning “drug crimes.”
  - L. Enactment and implementation of **Good Samaritan laws** concerning recreational drug use and overdose, and the effect of those laws on public health.
  - M. The **prevalence of drug-testing** in criminal justice, employment, education, housing, public benefits, treatment and traffic enforcement and its impact on rights of privacy, individual freedom and the pursuit of happiness.
6. The Board shall perform such other tasks as may be assigned it by the Council or the General Assembly.

**Article 8**  
**RELATIONSHIP BETWEEN THIS CONVENTION AND  
OTHER AGREEMENTS AND LEGAL INSTRUMENTS**

*[This is modeled after Article 2 of the WHO Framework Convention on Tobacco Control.]*

1. In order to better protect human health, Parties are encouraged to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law, especially human rights declarations.
2. The provisions of the Convention and its protocols shall in no way affect the right of Parties to enter into bilateral or multilateral agreements, including regional or subregional agreements, on issues relevant or additional to the Convention and its protocols, provided that such agreements are compatible with their obligations under the Convention and its protocols. The Parties concerned shall communicate such agreements to the Commission through the Secretariat.

**Article 9**  
**SECRETARIAT**

*[This is former Article 16, Secretariat without change.]*

1. The secretariat services of the Commission and the Board shall be furnished by the Secretary-General. In particular, the Secretary of the Board shall be appointed by the Secretary-General in consultation with the Board.

**Article 10**  
**SUBSTANCES UNDER CONTROL**

*[The former Article 2, Substance Control, and Article 3, Changes In The Scope of Control, repealed]*

The substances under control and within the scope of control of this Convention are alcoholic liquor, tobacco and other mind-altering substances.

## **Part II – Objective, Guiding Principles and General Obligations**

### ***Article 11*** ***OBJECTIVE***

*[This is modeled after Article 3 of the WHO Framework Convention On Tobacco Control.]*

The objective of this Convention and its protocols is to protect present and future generations from the often devastating health, social, environmental and economic consequences of alcohol, tobacco and other drug abuse by providing a framework for drug control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of drug use.

### ***Article 12*** ***GUIDING PRINCIPLES***

*[This is modeled after Article 4 of the WHO Framework Convention On Tobacco Control.]*

To achieve the objective of this Convention and its protocols and to implement its provisions, the Parties shall be guided, *inter alia*, by the principles set out below:

1. Every person should be informed of the health consequences, addictive nature and mortal threat posed by drug consumption and effective legislative, executive, administrative or other measures should be contemplated at the appropriate governmental level to protect all persons.
2. Strong political commitment is necessary to develop and support, at the national, regional and international levels, comprehensive multisectoral measures and coordinated responses, taking into consideration:
  - A. the need to take measures to protect all persons from exposure to drug-lab environments;
  - B. the need to take measures to prevent the initiation, to promote and support cessation, and to decrease the consumption of drug products in any form, consistent with medical advice, good health and free society;
  - C. the need to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of drug control programs that are socially and culturally appropriate to their needs and perspectives; and
  - D. the need to take measures to address age and gender-specific risks when developing drug control strategies.
3. International cooperation, particularly transfer of technology, knowledge and financial assistance and provision of related expertise, to establish and implement effective drug

control programs, taking into consideration local culture, as well as social, economic, political and legal factors, is an important part of the Convention.

4. Comprehensive multisectoral measures and responses to reduce consumption of all drug products at the national, regional and international levels are essential so as to prevent, in accordance with public health principles, the incidence of diseases, premature disability and mortality due to drug consumption.
5. Issues relating to liability, as determined by each Party within its jurisdiction, are an important part of comprehensive drug control.
6. The importance of technical and financial assistance to aid the economic transition of drug growers, producers and workers whose livelihoods are seriously affected as a consequence of drug control programs in developing country Parties, as well as Parties with economies in transition, should be recognized and addressed in the context of nationally developed strategies for sustainable development.
7. The participation of civil society is essential in achieving the objective of the Convention and its protocols.

***Article 13***  
***GENERAL OBLIGATIONS***

*[This is modeled after Article 5 of the WHO Framework Convention On Tobacco Control and the former Article 4, General Obligations, is repealed.]*

1. Each Party shall develop, implement, periodically update and review comprehensive multisectoral national drug control strategies, plans and programs in accordance with this Convention and the protocols to which it is a Party.
2. Towards this end, each Party shall, in accordance with its capabilities:
  - A. establish or reinforce and finance a national coordinating mechanism or focal points for drug control; and
  - B. adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing drug consumption and drug addiction.
3. In setting and implementing their public health policies with respect to drug control, Parties shall act to protect these policies from commercial and other vested interests of the drug industry in accordance with national law.

4. The Parties shall cooperate in the formulation of proposed measures, procedures and guidelines for the implementation of the Convention and the protocols to which they are Parties.
5. The Parties shall cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the objectives of the Convention and the protocols to which they are Parties.
6. The Parties shall, within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms.

## **Part III – Measures Relating to the Reduction of Demand for Drugs**

### ***Article 14*** ***PRICE AND TAX MEASURES TO REDUCE THE DEMAND FOR DRUGS***

*[This is modeled after Article 6 of the WHO Framework Convention on Tobacco Control.]*

1. The Parties recognize that price and tax measures are an effective and important means of reducing drug consumption by various segments of the population, in particular young persons.
2. Without prejudice to the sovereign right of the Parties to determine and establish their taxation policies, each Party should take account of its national health objectives concerning drug control and adopt or maintain, as appropriate, measures which may include:
  - A. implementing tax policies and, where appropriate, price policies, on drug products so as to contribute to the health objectives aimed at reducing drug consumption; and
  - B. prohibiting or restricting, as appropriate, sales to and/or importations by international travelers of tax- and duty-free drug products.
3. The Parties shall provide rates of taxation for drug products and trends in drug consumption in their periodic reports to the Board in accordance with Article 27.

**Article 15**  
**NON-PRICE MEASURES TO REDUCE THE DEMAND FOR DRUGS**

*[This is modeled after Article 7 of the WHO Framework Convention on Tobacco Control.]*

1. The Parties recognize that comprehensive non-price measures are an effective and important means of reducing drug consumption. Each Party shall adopt and implement effective legislative, executive, administrative or other measures necessary to implement its obligations and shall cooperate, as appropriate, with each other directly or through competent international bodies with a view to their implementation. The Board shall propose appropriate guidelines for the implementation of these provisions.

**Article 16**  
**REGULATION OF THE CONTENTS OF DRUG PRODUCTS**

*[This is modeled after Article 10 of the WHO Framework Convention on Tobacco Control.]*

1. The Board, in consultation with competent international bodies, shall propose guidelines for identifying, testing and measuring the contents, purity and adulteration of drug products, and for the regulation of these contents. Each Party shall, where approved by competent national authorities, adopt and implement effective legislative, executive and administrative or other measures for such identification, testing and measuring, and for such regulation.

**Article 17**  
**PACKAGING AND LABELLING OF DRUG PRODUCTS**

*[This is modeled after Article 11 of the WHO Framework Convention on Tobacco Control.]*

1. Each Party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures to insure that:
  - A. drug product packaging and labelling do not promote a drug product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or benefits; and
  - B. each unit packet and package of drug products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of that drug use, and may include other appropriate messages. These warnings and messages:
    - 1) shall be approved by the competent national authority, or the World Health Organization, and
    - 2) shall be rotating.

2. Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) of this Article will appear on each unit packet and package of drug products and any outside packaging and labelling of such products in its principal language or languages.
3. For the purposes of this Article, the term “outside packaging and labelling” applies to any packaging and labelling used in the retail sale of the product.

***Article 18***  
***EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS***

*[This is modeled after Article 12 of the WHO Framework Convention on Tobacco Control.]*

1. Each Party shall promote and strengthen public awareness of drug control issues, using all available communication tools, as appropriate. Towards this end, each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote:
  - A. broad access to effective and comprehensive educational and public awareness programs on the health risks including the addictive characteristics of drug consumption and where appropriate accurate information regarding medical benefits of drug use;
  - B. public awareness about the health risks of drug consumption, and about the benefits of the cessation of certain drug use;
  - C. public access, in accordance with national law, to a wide range of information on the drug industry as relevant to the objective of this Convention;
  - D. effective and appropriate training or sensitization and awareness programs on drug control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons;
  - E. awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the drug industry in developing and implementing intersectoral programs and strategies for drug control; and
  - F. public awareness of and access to information regarding the adverse health, economic, and environmental consequences of drug production and consumption, and where appropriate, the benefits.

**Article 19**  
**DRUG ADVERTISING, PROMOTION AND SPONSORSHIP**

*[This is modeled after Article 13 of the WHO Framework Convention on Tobacco Control.]*

1. Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of drug products.
2. Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all drug advertising, promotion and sponsorship and all mass media pro-drug or antidrug advertising. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after the effective date of this Convention, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 27.
3. A Party that is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles shall apply restrictions on all drug advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, restrictions or a comprehensive ban on advertising, promotion and sponsorship originating from its territory with cross-border effects. In this respect, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 27.
4. As a minimum, and in accordance with its constitution or constitutional principles, each Party shall:
  - A. prohibit all forms of drug advertising, promotion and sponsorship that promote a drug product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions;
  - B. require that health or other appropriate warnings or messages accompany all drug advertising and, as appropriate, promotion and sponsorship;
  - C. restrict the use of direct or indirect incentives that encourage the purchase of drug products by the public;
  - D. require, if it does not have a comprehensive ban, the disclosure to relevant governmental authorities of expenditures by the drug industry on advertising, promotion and sponsorship not yet prohibited. Those authorities may decide to make those figures available, subject to national law, to the public and to the Board, pursuant to Article 27;
  - E. undertake a comprehensive ban or, in the case of a Party that is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles, restrict drug advertising, promotion and sponsorship on radio, television, print

media and, as appropriate, other media, such as the internet, within a period of five years; and

F. prohibit, or in the case of a Party that is not in a position to prohibit due to its constitution or constitutional principles restrict, drug sponsorship of international events, activities and/or participants therein.

5. Parties are encouraged to implement measures beyond the obligations set out in paragraph 4.

6. Parties shall cooperate in the development of technologies and other means necessary to facilitate the elimination of cross-border drug advertising.

7. Parties which have a ban on certain forms of drug advertising, promotion and sponsorship have the sovereign right to ban those forms of cross-border drug advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law. This paragraph does not endorse or approve of any particular penalty.

8. Parties shall consider the elaboration of a protocol setting out appropriate measures that require international collaboration for a comprehensive ban on cross-border advertising, promotion and sponsorship.

***Article 20***  
***DEMAND REDUCTION MEASURES CONCERNING DRUG DEPENDENCE***

*[This is modeled after Article 14 of the WHO Framework Convention on Tobacco Control.]*

1. Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of drug use and adequate treatment for drug dependence.
2. Towards this end, each Party shall endeavor to:
  - A. design and implement effective programs, consistent with privacy rights and individual freedom, aimed at promoting the cessation of drug use, in such locations as educational institutions, health care facilities, workplaces and sporting environments;
  - B. include diagnosis and treatment of drug dependence and counselling services on cessation of drug use, consistent with privacy rights and individual freedom, in national health and education programs, plans and strategies, with the participation of health workers, community workers and social workers as appropriate;

- C. establish in health care facilities and rehabilitation centers programs, consistent with privacy rights and individual freedom, for diagnosing, counselling, preventing and treating drug dependence; and
- D. collaborate with other Parties to facilitate accessibility and affordability for treatment of drug dependence including pharmaceutical products pursuant to Article 28. Such products and their constituents may include medicines, products used to administer medicines and diagnostics when appropriate.

## **Part IV – Measures Relating to the Reduction of the Supply of Drugs**

### ***Article 21*** ***ILICIT TRADE IN DRUG PRODUCTS***

*[This is modeled after Article 15 of the WHO Framework Convention on Tobacco Control.]*

- 1. The Parties recognize that the elimination of all forms of illicit trade in drug products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential goals of drug control.
- 2. Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of drug products and any outside packaging of such products are marked to assist Parties in determining the origin of drug products, and in accordance with national law and relevant bilateral or multilateral agreements, assist Parties in determining the point of diversion and monitor, document and control the movement of drug products and their legal status. In addition, each Party shall:
  - A. require that unit packets and packages of drug products for retail and wholesale use that are sold on its domestic market carry the statement: "*Sales only allowed in (insert name of the country, subnational, regional or federal unit)*" or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market; and
  - B. consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.
- 3. Each Party shall require that the packaging information or marking specified in paragraph 2 of this Article shall be presented in legible form and/or appear in its principal language or languages.
- 4. With a view to eliminating illicit trade in drug products, each Party shall:
  - A. monitor and collect data on cross-border trade in drug products, including illicit trade, and exchange information among customs, tax and other authorities including

the Board, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements;

- B. enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in drug products that subvert legal, regulated drug markets, including counterfeit and contraband drugs;
- C. take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband drugs and other drug products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law;
- D. adopt and implement measures to monitor, document and control the storage and distribution of drug products held or moving under suspension of taxes or duties within its jurisdiction; and
- E. adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in drug products which proceeds shall be used as provided by national law.

5. Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the Board in accordance with Article 27.

6. The Parties shall, as appropriate and in accordance with national law, promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit drug trade. Special emphasis shall be placed on cooperation at regional and subregional levels.

7. Each Party shall endeavor to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of drug products in order to prevent illicit trade.

***Article 22***  
***SALE TO MINORS***

*[This is modeled after Article 16 of the WHO Framework Convention on Tobacco Control.]*

- 1. Each Party shall adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of drug products to persons under the age set by domestic law or national law. These measures may include:
  - A. requiring that all sellers of drug products place a clear and prominent indicator inside their point of sale about the prohibition of drug sales to minors and, in case of doubt, request that each drug purchaser provide appropriate evidence of having reached full legal age;

- B. banning the sale of drug products in any manner by which they are directly accessible, such as store shelves;
  - C. prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of drug products which appeal to minors; and
  - D. prohibiting drug vending machines.
2. Each Party shall prohibit or promote the prohibition of the distribution of free drug products to the public and especially minors.
3. Each Party shall endeavor to prohibit the sale of drugs individually or in small packets which increase the affordability of such products to minors.

### ***Article 23***

#### ***PROVISION OF SUPPORT FOR ECONOMICALLY VIABLE ALTERNATIVE ACTIVITIES***

*[This is modeled after Article 17 of the WHO Framework Convention on Tobacco Control.]*

1. Parties shall, in cooperation with each other and with competent international and regional intergovernmental organizations, promote, as appropriate, economically viable alternatives for drug workers, growers and, as the case may be, individual sellers.

## **Part V – Protection of the Environment**

### ***Article 24***

#### ***PROTECTION OF THE ENVIRONMENT AND THE HEALTH OF PERSONS***

*[This is modeled after Article 18 of the WHO Framework Convention on Tobacco Control.]*

1. In carrying out their obligations under this Convention, the Parties agree to have due regard to the protection of the environment and the health of persons in relation to the environment in respect of drug cultivation, manufacture and consumption within their respective territories.

## **Part VI – Questions Related to Liability**

### ***Article 25***

#### ***LIABILITY***

*[This is modeled after Article 19 of the WHO Framework Convention on Tobacco Control.]*

1. For the purpose of drug control, the Parties shall consider taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate.
2. Parties shall cooperate with each other in exchanging information through the Board in accordance with Article 27 including:
  - A. information on the health effects of the consumption of drug products ; and
  - B. information on legislation and regulations in force as well as pertinent jurisprudence.
3. The Parties shall, as appropriate and mutually agreed, within the limits of national legislation, policies, legal practices and applicable existing treaty arrangements, afford one another assistance in legal proceedings relating to civil and criminal liability consistent with this Convention.
4. The Convention shall in no way affect or limit any rights of access of the Parties to each other's courts where such rights exist.
5. The Board may consider, if possible, at an early stage, taking account of the work being done in relevant international fora, issues related to liability including appropriate international approaches to these issues and appropriate means to support, upon request, the Parties in their legislative and other activities in accordance with this Article.

## **Part VII – Scientific and Technical Cooperation and Communication of Information**

### ***Article 26*** ***RESEARCH, SURVEILLANCE AND EXCHANGE OF INFORMATION***

*[This is modeled after Article 20 of the WHO Framework Convention on Tobacco Control.]*

1. The Parties undertake to develop and promote national research and to coordinate research programs at the regional and international levels in the field of drug control. Towards this end, each Party shall:
  - A. initiate and cooperate in, directly or through competent international and regional intergovernmental organizations and other bodies including the Board, the conduct of research and scientific assessments, and in so doing promote and encourage research that addresses the determinants and consequences of drug consumption as well as research for identification of alternative crops; and
  - B. promote and strengthen, with the support of competent international and regional intergovernmental organizations and other bodies including the Board, training and support for all those engaged in drug control activities, including research, implementation and evaluation.

2. The Parties shall establish, as appropriate, programs for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of drug consumption. Towards this end, the Parties should integrate drug surveillance programs into national, regional and global health surveillance programs consistent with privacy rights and individual freedom, so that data are comparable and can be analyzed at the regional and international levels, as appropriate.
3. Parties recognize the importance of financial and technical assistance from international and regional intergovernmental organizations and other bodies. Each Party shall endeavor to:
  - A. Establish progressively a national system for the epidemiological surveillance of drug consumption and related social, economic and health indicators;
  - B. Cooperate with competent international and regional intergovernmental organizations and other bodies, including governmental and nongovernmental agencies, in regional and global drug surveillance and exchange of information on the indicators specified in par. 3(a) of this Article; and
  - C. Cooperate with the World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of drug-related surveillance data.
4. The Parties shall, subject to national law, promote and facilitate the exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the drug industry and the manufacture and cultivation of drug products, which is relevant to this Convention, and in so doing shall take into account and address the special needs of developing country Parties and Parties with economies in transition. Each Party shall endeavor to:
  - A. Progressively establish and maintain an updated database of laws and regulations on drug control and, as appropriate, information about their enforcement, as well as pertinent jurisprudence, and cooperate in the development of programs for regional and global drug control;
  - B. Progressively establish and maintain updated data from national surveillance programs in accordance with paragraph 3(a) of this Article; and
  - C. Cooperate with competent international organizations to progressively establish and maintain a global system to regularly collect and disseminate information on drug production, manufacture and the activities of the drug industry which have an impact on the Convention or national drug control activities.
5. Parties should cooperate in regional and international intergovernmental organizations and financial and development institutions of which they are members, to promote and encourage provision of technical and financial resources to the Secretariat to assist developing country Parties and Parties with economies in transition to meet their commitments on research, surveillance and exchange of information.

**Article 27**  
**REPORTING AND EXCHANGE OF INFORMATION**

*[This is modeled after Article 21 of the WHO Framework Convention on Tobacco Control, and the former Article 18 that required information to be reported to the Secretary-General is repealed and superseded by the provisions of this Convention.]*

1. Each Party shall submit to the Board, through the Secretariat, periodic reports on its implementation of this Convention, which should include the following:
  - A. information on legislative, executive, administrative or other measures taken to implement the Convention;
  - B. information, as appropriate, on any constraints or barriers encountered in its implementation of the Convention, and on the measures taken to overcome these barriers;
  - C. information, as appropriate, on financial and technical assistance provided or received for drug control activities;
  - D. information on surveillance and research; and
  - E. such other information reasonably requested by the Board or Commission.
2. The frequency and format of such reports by all Parties shall be determined by the Board, except for reports specifically required by this Convention. Each Party shall make its initial report within two years of the entry into force of this Convention for that Party.
3. The Board shall consider arrangements to assist developing country Parties and Parties with economies in transition, at their request, in meeting their obligations under this Article.
4. The reporting and exchange of information under the Convention shall be subject to national law regarding confidentiality and privacy. The Parties shall protect, as mutually agreed, any confidential information that is exchanged, except with regard to the Commission's annual publication of the ranking of the world's most dangerous drugs by specific drug type and common street name, categorized by nation, continent and regions, in three formats as provided in Article 3 hereof.

**Article 28**  
**COOPERATION IN THE SCIENTIFIC, TECHNICAL, AND LEGAL FIELDS**  
**AND PROVISION OF RELATED EXPERTISE**

*[This is modeled after Article 22 of the WHO Framework Convention on Tobacco Control and former Article 14 bis is repealed.]*

1. The Parties shall cooperate directly or through the Board and other competent international bodies to strengthen their capacity to fulfill the obligations arising from

this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national drug control strategies, plans and programs aiming at, *inter alia*:

- A. facilitation of the development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to drug control;
- B. provision of technical, scientific, legal and other expertise to establish and strengthen national drug control strategies, plans and programs, aiming at implementation of the Convention through, *inter alia*:
  - 1) assisting, upon request, in the development of a strong legislative foundation as well as technical programs, including those on prevention of initiation and promotion of cessation of drug use;
  - 2) assisting, as appropriate, drug workers in the development of appropriate economically and legally viable alternative livelihoods in an economically viable manner; and
  - 3) assisting, as appropriate, drug growers in shifting agricultural production to alternative crops in an economically viable manner;
- C. support for appropriate training or sensitization programs for appropriate personnel in accordance with Article 18;
- D. provision, as appropriate, of the necessary material, equipment and supplies, as well as logistical support, for drug control strategies, plans and programs;
- E. identification of methods for drug control, including comprehensive treatment of drug addiction, consistent with privacy rights and individual freedom; and
- F. promotion, as appropriate, of research to increase the affordability of comprehensive treatment of drug addiction, consistent with privacy rights and individual freedom.

2. The Board shall promote and facilitate transfer of technical, scientific and legal expertise and technology.

## **Part VIII – Institutional Relations**

### ***Article 29***

#### ***RELATIONS BETWEEN THE COMMISSION AND BOARD AND THE WORLD BANK AND THE WORLD HEALTH ORGANIZATION***

*[This is modeled after Article 25 of the WHO Framework Convention on Tobacco Control.]*

1. In order to secure broad support, technical and financial cooperation for achieving the objectives of this Convention, the Commission and Board may request the cooperation of competent international and regional intergovernmental organizations and the help of the World Bank and the World Health Organization.

## **Part IX – Settlement of Disputes**

### ***Article 30*** ***SETTLEMENT OF DISPUTES***

*[This is former Article 48, Disputes, modified.]*

1. If there should arise between two or more Parties a dispute relating to the interpretation or application of this Convention, the said Parties shall consult together with a view to the settlement of the dispute by negotiation, investigation, mediation, conciliation, arbitration, recourse to regional bodies, judicial process or other peaceful means of their own choice.
2. Any such dispute which cannot be settled in the manner prescribed shall be referred to the International Court of Justice for decision.

## **Part X – Amendments**

### ***Article 31*** ***AMENDMENTS TO THIS CONVENTION***

*[This is former Article 47, Amendments, modified.]*

1. Any Party may propose an amendment to this Convention. The text of any such amendment and the reasons therefor shall be communicated to the Secretary-General who shall communicate them to the Parties and to the Council. The Council may decide either:
  - A. That a conference shall be called in accordance with Article 62, paragraph 4, of the Charter of the United Nations to consider the proposed amendment; or
  - B. That the Parties shall be asked whether they accept the proposed amendment and also asked to submit to the Council any comments on the proposal.
2. If a proposed amendment circulated under paragraph 1 b) of this article has not been rejected by any Party within eighteen months after it has been circulated, it shall thereupon enter into force. If, however, a proposed amendment is rejected by any Party, the Council shall call a conference to consider such amendment or take the amendment up at the next annual session of the Commission. *[Formerly the Council need not call a conference or submit the amendment to the Commission.]*

## **Part XI – Final Provisions**

### ***Article 32*** ***ENTRY INTO FORCE***

*[This is former Article 41 modified]*

1. This Convention shall come into force on the thirtieth day following the date on which the fortieth instrument of ratification or accession is deposited with the Secretary-General.
2. In respect of any other State depositing an instrument of ratification or accession after the date of deposit of the said fortieth instrument, this Convention shall come into force on the thirtieth day after the deposit by that State of its instrument of ratification or accession.

### ***Article 33*** ***DENUNCIATION***

*[This is former Article 46, modified.]*

1. After the expiry of two years from the date of the coming into force of this Convention, any Party may, on its own behalf or on behalf of a territory for which it has international responsibility, denounce this Convention by an instrument in writing deposited with the Secretary-General.
2. The denunciation, if received by the Secretary-General on or before the first day of July in any year, shall take effect on the first day of January in the succeeding year, and, if received after the first day of July, shall take effect as if it had been received on or before the first day of July in the succeeding year.
3. This Convention shall be terminated if, as a result of denunciations made in accordance with paragraph 1, the conditions for its coming into force as laid down in Article 30, paragraph 1, cease to exist.

## **LEAP Statement of Ten Principles**

1. LEAP does not promote the use of drugs and is deeply concerned about the extent of drug abuse worldwide. LEAP is also deeply concerned with the destructive impact of violent drug gangs and cartels everywhere in the world. Neither problem is remedied by the current policy of drug prohibition. Indeed, drug abuse and gang violence flourish in a drug prohibition environment, just as they did during alcohol prohibition.
2. LEAP advocates the elimination of the policy of drug prohibition and the inauguration of a replacement policy of drug control and regulation, including regulations imposing appropriate age restrictions on drug sales and use, just as there are age restrictions on marriage, signing contracts, alcohol, tobacco, operating vehicles and heavy equipment, voting and so on.
3. LEAP believes that adult drug abuse is a health problem and not a law-enforcement matter, if the abuse does not harm other people or the property of others.
4. LEAP believes that adult drug use, however dangerous, is a matter of personal freedom as long as it does not impinge on the freedom or safety of others.
5. LEAP speakers come from a wide divergence of political thought and social conscience and recognize that in a post-prohibition world it will take time to strike a proper regulatory balance, blending private, public and medical models to best control and regulate "illicit drugs." LEAP speakers are free to advocate their view of better post-prohibition stratagems without toeing a LEAP "party line."
6. LEAP recognizes that even in a post-prohibition world, still, drugs can be dangerous and potentially addictive, requiring appropriate regulation and control. Even in a free-market economy, reasonable regulation for the purposes of public health is a long-standing, accepted principle. Such regulation must not allow casual, unfettered or indiscriminate drug sales.
7. LEAP believes that government has a public health obligation to accurately ascertain the risks associated with the use of each "illicit drug" and a duty to clearly communicate that information to the public by means of labeling and warnings similar to what is done regarding food, tobacco, alcohol and medicine.
8. LEAP believes that an inordinate number of people have been misguidedly incarcerated for violation of zero-tolerant, nonviolent, consensual "drug crimes." The end of drug prohibition will allow those persons to be promptly released, to have their record of conviction expunged, and their civil rights completely restored. However, the repeal of drug prohibition does not imply the exoneration from charges for connected offenses, such as violent crimes, gun crimes, theft, or driving under the influence of drugs. Furthermore, LEAP believes that people using alcohol or other drugs must be held accountable for any misbehavior, which harms other people or property of others, while under the influence of mind-altering substances.
9. LEAP believes that persons suffering from drug abuse afflictions and addiction, who want help, should be provided with a variety of help, including drug treatment and drug maintenance, even for uninsured addicts. LEAP believes that with an end to drug prohibition and regained control of criminal justice expenditures, a fraction of those savings would be more than sufficient to pay for expanded addiction services.
10. LEAP recognizes that different "illicit drugs" pose differing risks of harm. As such, in a post-prohibition world, LEAP recognizes that an appropriate set of regulations and control for one substance may not be a suitable or sufficient regulation and control for another substance. LEAP believes that the nation states of the world and various states within the United States must be given the regulatory latitude to try new models that wisely balance the notions of freedom over one's own body with the need for common sense regulation of drugs to reduce death, disease, addiction and harm.